

2004 Western States Wildland Urban Interface Grant Program

1	State information for: _____	
	State Contact:	State priority for this application:
	Name: _____	
	Address: _____	

Phone: _____		
E-Mail: _____		

2	Applicant Information	
	Applicant Name: _____	
	Contact Person: _____	
	Address: _____	

Phone: _____		
E-Mail: _____		

3	Community Information	
	Community Name: _____	
	County: _____	Congressional District: _____
	Impacted Population: # _____	No. of Homes Impacted: # _____
	What organization in the community is providing leadership for the project	
	Homeowners Association _____	
	Fire Department or Protection District _____	
	Local Government _____	
	County Government: _____	
	Corporation _____	
Private Individual _____		
Threat Description		
		Homes: <input type="text"/>
		Businesses: <input type="text"/>
Watersheds (community drinking water):		<input type="text"/>
Infrastructure:		<input type="text"/>
Economic Viability:		<input type="text"/>
(Check what is threatened)		

4	TO BE FILLED IN BY STATE OFFICE					
	Wildland Condition*		Risk**		Interface Type***	
	Condition Class 1	<input type="text"/>	Very High	<input type="text"/>	Intermix	<input type="text"/>
	Condition Class 2	<input type="text"/>	High	<input type="text"/>	Interface	<input type="text"/>
	Condition Class 3	<input type="text"/>	Moderate	<input type="text"/>	Occluded	<input type="text"/>
					Rural	<input type="text"/>
*10 year Strategy Definitions		**State Assessment		***WSFM Definitions		

Project Summary					
5	Primary Project Type		Y or N	Units of Measure	
				Number	Unit
	Assessment/Scoping:				
	Planning:				
	Information/Education:				
	Implementation/Treatment:				
	Monitoring/Evaluation:				
	(To Report)				
	Project Description:				
	Is this a continuing project from previous year/s: Y N				
Briefly identify accomplishments, including Units of Measure:					
How will you mitigate the threats checked in Block 3?					
Give a brief description of the project steps and activities to achieve objectives.					
Time-line for meeting the steps listed above. Include major milestones, accomplishments and completion date.					

Contributors	
6	Name the private, local, tribal, state, and/or federal organizations that are contributing or participating in getting the project done.

7	Estimated Total Project Cost
	Estimate the total cost of completing the project. Include all funds (federal, state, local, private, both actual dollars and the value of gifts, supplies, materials, volunteered services, or in-kind match): \$ _____

8	Project Revenue (How will be project be funded?)			
	Grant Request (List Below)	Other Funds (List Source in columns to right)		
		Dollars (Hard Match)		
		In-Kind (Soft Match)		
		Total Match		
Application will be disqualified with insufficient match identified (Federal dollars do not qualify)				

9	Project Expense (How will funds be spent?)						
	(List Source in columns to right)	Grant					Total
	Cooperators Salary/ Wages/Benefits						
	Operating Expenses						
	Contractual Services						
	Capital Expenses						
	Indirect Costs						
	Total						

10	Additional Comments